



Iowa Department of Human Services

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INFORMATIONAL LETTER NO. 1038

DATE: August 29, 2011

TO: Iowa Medicaid Physicians, Physician Assistants (PA), Advanced Registered Nurse Practitioners (ARNPs)

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Level of Care Certification Form for the AIDS/HIV, Elderly, Ill and Handicapped and Physical Disability Home and Community Based Services (HCBS) Waivers

EFFECTIVE: Immediately

The IME has received questions and concerns regarding the Level of Care Certification form used for Home and Community Based Services (HCBS). It is our intent to address these questions and provide instructions on the waiver programs in order to provide clarification.

The HCBS Waiver programs were designed for persons for whom nursing facility placement would be rapidly imminent if not for the services offered at home. In other words, a member's functional impairment restricts their ability to perform one or more activities of daily living and impedes their capacity to live independently, thereby, qualifying for nursing facility (intermediate) level of care.

The HCBS Waiver programs are not designed to provide services to those members who are not ready for nursing facility placement as described above. There may be other programs or services available to provide services to such individuals.

To determine the level of care the IME depends on the information you, as a medical professional, provide on the Level of Care Certification form. Primary care providers are an important part of the level of care determination process. It is important that the Level of Care Certification form be completed as accurately and thoroughly as possible. As the medical professional signing the form, you are attesting to the information that is provided on the form.

Following are best practice standards for completing the Level of Care Certification form and going through the level of care process:

- Never sign a form that your office did not complete. The IME is looking for your functional assessment of what the member is able to do. You are attesting to the accuracy of the information when you sign the form. Complete the form after completing an assessment, not from information provided to you by a third party. If another party provides information that conflicts with your assessment, document that

information on the form or a separate page and fax the information to the IME at 515-725-1349.

- The IME Medical Services Unit encourages providers to conduct an assessment and complete the form during an annual visit or a preventative health screening. As many of our members have chronic conditions, the Level of Care Certification form could be completed during a routine visit. Check as many topics on the form that apply to your patient. Use another sheet, if necessary, to best describe the member and the conditions that you wish to relate. Once the form is completed and signed, you may also attach office visit notes to give an accurate picture of the member's functional capabilities. The IME Medical Services Unit attempts to obtain the most accurate depiction of a member's functional capacities so the more information you can provide, the more you assist us in this process. Accurately completed forms reduce the requests to your office for additional information and can prevent delays in service provisions for the member.
- Iowa Medicaid realizes that physicians may not know all of the information that is requested on this form about a member. It is our hope that this process will give you the opportunity to discuss with your patients some of the more difficult subjects to enable you to have an accurate picture of the functional limitations a person may have.

Often, the IME Medical Services Unit reviewers may need to follow up with physicians after the form has been submitted. It has been our practice to contact the physician any time the information submitted does not meet criteria for approval. A call is made to the physician requesting any additional information that may be necessary. Here are a few tips to reduce the number of calls to your office:

- If the member receives any services in the home, including home health, therapy, homemaker, or family or other informal support, include the name and phone number of that provider on the form or include the plan of care with the form.
- If you have assessed that the member does not meet the level of care, indicate on the form the areas in which the member is independent and describe on the form the rationale why the member does not meet the level of care requirement.

The IME Medical Services Unit is conducting a survey to collect your input into how this process is completed in order to better collaborate with you. Please visit <http://www.surveymonkey.com/s/W5K6VG5> in order to participate in the survey. It should take about two minutes of your time to complete the survey.

Thank you for your efforts to ensure that Medicaid members receive the right care at the right time.

If you have any questions, please contact the IME Medical Services Unit. You may submit your questions by email to imeltc@dhs.state.ia.us or call 1-800-383-1173, locally in Des Moines at 515-256-4623. Please reference Informational Letter No. 1038 on your email or phone call.